

**National Medicare Education Program
Coordinating Committee Meeting**

Loews L'Enfant Plaza Hotel
Washington, D.C.

January 31, 2001
9 a.m. – 1 p.m.

REGISTRATION FORM

Attendance

- ☐ Yes, I plan to attend the meeting. ☐ No, I am unable to attend the meeting.
- ☐ No, I am unable to attend the meeting. I am sending a replacement and have completed the attached registration form for him or her.

To help keep our records current, please indicate directly on the label any changes to the information listed below.

Hotel Accommodations

If you require hotel accommodations, please indicate below.

- ☐ Yes, I *will* need hotel accommodations.

Please indicate special arrangements required: _____

Credit Card: _____ Number: _____ Exp. Date: _____

Credit card information is required to guarantee overnight accommodations.

- ☐ No, I will *not* need hotel accommodations.

Please return this form by Wednesday, January 24, 2001 to:

Gretchen Bretsch
IQ Solutions, Inc.
11300 Rockville Pike, Suite 801
Rockville, MD 20852
(301) 984-1471 ♦ (301) 945-4298 (fax)

Please direct all logistics questions to the person listed above.

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REPLACEMENT REGISTRATION FORM

(Print Coordinating Committee Member's Name)

Attendance

If you plan to send an alternate to this meeting, please complete the following information about your replacement.

Name: _____

Degree: _____

Title: _____

Div./Dept.: _____

Employment Affiliation: _____

Mailing Address: _____

City, State, ZIP: _____

Daytime Phone: _____ Fax Number: _____

E-Mail Address: _____

Hotel Accommodations

If the replacement requires hotel accommodations, please indicate below.

☐ Yes, the replacement *will* need hotel accommodations.

Please indicate special arrangements required: _____

Credit Card: _____ Number: _____ Exp. Date: _____

Credit card information is required to guarantee overnight accommodations.

☐ No, the replacement will *not* need hotel accommodations.

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